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APPLICANTS

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This application is a CIP of 10/147,666 05/17/2002 PAT 6,855,098

** FOREIGN APPLICATIONS **** *JP/SL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no	Met after allowance	10	20	14
Verified and Acknowledged	<i>J. Jacobson</i>	<i>OPA</i>	VA			

ADDRESS

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TITLE

Low-resistance exercise and rehabilitation chair

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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